# 3.2 Medical Requirements Overview

### TABLE 3.2: MEDICAL REQUIREMENTS OVERVIEW

| MRID# and Title:                             | MR076S Photodocumentation of Skin Injuries and Allergic Reactions for Shuttle Crews   |
|--|---|
| Sponsor:                                     | Medical Operations  |
| IPT:   | Immunology/Infectious Disease   |
| Category:                                    | Medical Requirement (MR)  |
| References:                                  | Astronaut Medical Evaluation Requirements Document (AMERD), JSC 24834, Appendix A, Section, 3.13  |
| Purpose/Objectives:                          | To provide visual images to support diagnosis and documentation of cutaneous injuries and allergic responses. Photographs of affected areas will be taken at appropriate intervals to document the site of injury. Flight surgeons may use the images to evaluate the extent and nature of the injury and to monitor follow-up treatment. The photographic image will provide critical information on rates of healing for cuts and rashes, analysis of event incidence, and support assessment of crewmember health risks. |
| Measurement Parameters:                      | Visual images of affected areas.  |
| Deliverables:                                | Images that may be used to evaluate an injury or reaction and to monitor follow-up treatment. Analysis of rates of healing for cuts and rashes . Analysis of event incidence.   |
| Flight Duration:                             | < 30 days   |
| Number of Flights:                           | All   |
| Number and Type of Crew<br>Members Required: | All U.S. crewmembers (primary – pre- and postflight, backup – preflight only).  |
| Other Flight Characteristics:                | N/A   |

# 3.3 Preflight Training

#### **TABLE 3.3: PREFLIGHT TRAINING**

| Preflight Training Activity  Description:        | Training on the use of the 35mm still camera and, if available, the digital 35mm camera will be performed by MOD as part of routine systems training. A familiarization session will be conducted by the flight surgeons during the Medical Operations Preflight Briefing. |                             |                        |                           |                |                     |  |  |  |  |
|--|--|-----------------------------|------------------------|---------------------------|----------------|---------------------|--|--|--|--|
|  | Duration:  |                             | Schedule:              | Flexibility:              |                | Personnel Required: |  |  |  |  |
| Schedule:  | Familiarization Session - As required  | L-10 days                   |                        | N/A                       |                | Crew/Flight Surgeon |  |  |  |  |
| Ground Support Requirements<br>Hardware/Software | Preflight Hardware:  |                             | Preflight So           | ftware:                   | Test Location: |                     |  |  |  |  |
|  | 35 mm camera<br>35 mm digital camera<br>Ruler  |                             | N/A                    |                           |                | U.S.                |  |  |  |  |
| Training Facilities                              | Minimum Room Dimensions: Numbe   |                             | of Electrical Outlets: | Temperature Requirements: |                | Special Lighting:   |  |  |  |  |
|  | 8' x 10'   |                             | 2 (110V)               | Ambient                   |                | N/A                 |  |  |  |  |
|  | Hot or Cold Running Water:   | Priv                        | acy Requirements:      | Other:                    |                |                     |  |  |  |  |
|  | N/A  | Area with restricted access |                        | N/A                       |                |                     |  |  |  |  |
| Constraints/Special Requirements:                | Conducted as part of the Medical Operations Preflight Briefing   |                             |                        |                           |                |                     |  |  |  |  |
| Launch Delay Requirements:                       | N/A  |                             |                        |                           |                |                     |  |  |  |  |
| Notes:   | N/A  |                             |                        |                           |                |                     |  |  |  |  |

# 3.4 Preflight Activities – No Preflight Activities

### 3.5 In-Flight Activities

#### **TABLE 3.5.1: IN-FLIGHT ACTIVITIES**

| In-Flight Activity Description:     | This task is event based. Crewmember should report any minor/major infections/allergies/hypersensitivities/injuries during private   |   |                         |      |      |                    |  |  |  |  |  |
|-------------------------------------|--|---|-------------------------|------|------|--------------------|--|--|--|--|--|
|                                     | medical conference (PMCs). The report should include an accurate time when the injury occurred or when the first onset of illness  |   |                         |      |      |                    |  |  |  |  |  |
|                                     | happened. Using the on-board 35 mm camera, the area(s) of concern should be photographed to provide documentation of the   |   |                         |      |      |                    |  |  |  |  |  |
|                                     | illness/injury. One to two overhead shots should be taken. A small ruler should be positioned within the field of view to provide scale.   |   |                         |      |      |                    |  |  |  |  |  |
|                                     | Photographs should be taken at 24 hour intervals until resolution of the event or as determined by ground medical personnel. If possible,  |   |                         |      |      |                    |  |  |  |  |  |
|                                     |  | mages and a report of circumstances may be downlinked to ground medical personnel for intervention and action. The Crew Surgeon will inform the Immunologist within one week if photodocumentation images were collected during flight. |                         |      |      |                    |  |  |  |  |  |
|                                     |  |   |                         |      |      |                    |  |  |  |  |  |
|                                     | Activity:  | Activity: Duration: Schedule: Flexibility: Blood Volume: Personnel Require  |                         |      |      |                    |  |  |  |  |  |
| Schedule:                           | In-flight  | As required   | 24-hour intervals until | N/A  | N/A  | Operator & subject |  |  |  |  |  |
|                                     | photodocumentation   | As required   | resolved                | IN/A | IN/A | Operator & subject |  |  |  |  |  |
|                                     | of skin injury,  |   | resorved                |      |      |                    |  |  |  |  |  |
|                                     | allergic reactions   |   |                         |      |      |                    |  |  |  |  |  |
|                                     | 8  |   |                         |      |      |                    |  |  |  |  |  |
|                                     | Follow-up  | As required   | At discretion of Flight | N/A  | N/A  | Operator & subject |  |  |  |  |  |
|                                     | photodocumentation   | _   | Surgeon                 |      |      |                    |  |  |  |  |  |
| Procedures:                         | Procedures will be developed in-house and contained within the Medical Checklist.  |   |                         |      |      |                    |  |  |  |  |  |
| Constraints / Special Requirements: | N/A  |   |                         |      |      |                    |  |  |  |  |  |
| Photo / TV Requirements:            | 35mm photographs of affected areas. Downlink of digital 35mm images as determined by Flight Surgeon.   |   |                         |      |      |                    |  |  |  |  |  |
| Cold Stowage Requirements:          | N/A  |   |                         |      |      |                    |  |  |  |  |  |
| Mission Extension Requirements:     | N/A  |   |                         |      |      |                    |  |  |  |  |  |
| Landing Wave-Off Requirements:      | N/A  |   |                         |      |      |                    |  |  |  |  |  |
| Data Delivery                       | Data/Report to Designated Recipients (Nominal/Contingency):  |   |                         |      |      |                    |  |  |  |  |  |
|                                     | If the digital 35 mm camera is available and at the discretion of the Flight Surgeon, downlink of images may be requested. Any images generated during in-flight will be returned to the Immunologist within 2 weeks of landing. A final report will be submitted to the Flight Surgeon within 30 days of landing. The Immunologist or his appointee will be responsible for tracking, identifying, ordering, and pickup of all photographs. |   |                         |      |      |                    |  |  |  |  |  |
|                                     |  |   |                         |      |      |                    |  |  |  |  |  |

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## **In-Flight Activities, (cont.)**

**TABLE 3.5.2: IN-FLIGHT HARDWARE** 

| Hardware/Software<br>Name | P/N | ISS<br>Location | Vehicle<br>(Up/Dn) | Category | Late Access / Early Destow/ Early Return | Docked<br>Ops | Weights (kg) | Volume<br>(cm³) | Dimensions<br>LxWxH (cm) | Power (watts) | Resupply | Download /<br>Downlink |
|---------------------------|-----|-----------------|--------------------|----------|--|---------------|--------------|-----------------|--------------------------|---------------|----------|------------------------|
| 35 mm camera              | N/A | N/A             | Shuttle            | N/A      | N/A                                      | No            | N/A          | N/A             | N/A                      | Batteries     | N/A      | N/A                    |
| 35 mm digital camera      | N/A | N/A             | Shuttle            | N/A      | N/A                                      | No            | N/A          | N/A             | N/A                      | Batteries     | N/A      | N/A                    |
| Ruler                     | N/A | N/A             | Shuttle            | N/A      | N/A                                      | No            | N/A          | N/A             | N/A                      | N/A           | N/A      | N/A                    |

### 3.6 Postflight Activities – No Postflight Activities

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# 3.7 Summary Schedule

#### **TABLE 3.7: SUMMARY SCHEDULE**

| ACTIVITY  | DURATION    | SCHEDULE                            | FLEXIBILITY | BLOOD VOLUME | PERSONNEL<br>REQUIRED | CONSTRAINTS  |
|---|-------------|-------------------------------------|-------------|--------------|-----------------------|--|
| Preflight Training  |             |                                     |             |              |                       |  |
| Familiarization Session   | As required | L-10 days                           | N/A         | N/A          | Flight Surgeons/Crew  | Conducted as part of the<br>Medical Operations<br>Preflight Briefing |
| Preflight – N/A   |             |                                     |             |              |                       |  |
| In-Flight   |             |                                     |             |              |                       |  |
| In-flight photodocumentation of skin injury, allergic reactions | As required | 24-hour intervals<br>until resolved | N/A         | N/A          | Operator & subject    | Event based, or at<br>discretion of Flight<br>Surgeon                |
| Follow-up photodocumentation                                    | As required | At discretion of Flight Surgeon     | N/A         | N/A          | Operator & subject    | At discretion of Flight<br>Surgeon                                   |
| Wheels-Stop – N/A   |             |                                     |             |              |                       |  |
| Postflight – N/A  |             |                                     |             |              |                       |  |
| Postflight Debrief – N/A  |             |                                     |             |              |                       |  |